MARYLAND STATE DEPARTMENT OF HEALTH

05600

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Mt. Savage
LENGTH OF STAY (In this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. Bald Knob.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
STREET ADDRESS (If rural, give location): R.F.D. Bald Knob.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Albright

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Aug 11-1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use Retired): Retired Boiler maker

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Levi Albright

14. MOTHER'S MAIDEN NAME: Sophia Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: (son) Charles L. Albright, Mt Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1/22.2

Immediate cause (a): Acute cardiac failure due to

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Chronic myocarditis also had — Interval Between Onset and Death: 8 yrs

(c): Miners asthma — Interval Between Onset and Death: 10 yrs .

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H. V. Deming M. D. Cumberland, Md. June 17-1953

BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 6-19-53

NAME OF CEMETERY OR CREMATORY: Methodist Cem.

LOCATION (City, town, or county) (State): Mt. Savage, md.

DATE REC'D BY LOCAL REG.: June 17 1953

REGISTRAR'S SIGNATURE: Veronica M Dennell

24. FUNERAL DIRECTOR ADDRESS: Thos. L. George - Cumberland, md.

RECEIVED
JUN 23 1953
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05601

CERTIFICATE OF DEATH

DR. WEISMAN

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near CUMBERLAND, rural
STREET ADDRESS (If rural give location) RT. #2, WILLOWBROOK ROAD

3. NAME OF DECEASED: (Type or Print) (First) WILHELMINA (Middle) C. (Last) ALMOND

4. DATE OF DEATH: (Month) JUNE (Day) 20 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 7, 1888
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CARL W. SENKBEIL
14. MOTHER'S MAIDEN NAME: CAROLINE KLAVUHN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

143X

Immediate cause (a) Pneumonia — 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Mediastinitis — 1 week

DUE TO

(c) Carcinomatosis (from #11) — 6 month

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of mouth — 1 1/2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to June 20, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Saville G. Weisman MD
ADDRESS 59 Greene St Cumberland Md
DATE SIGNED 6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/22/53
NAME OF CEMETERY OR CREMATORY Greenmount Cem
LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR June 22, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer
ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1953
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

05602

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Cumberland
LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. #2, Baltimore Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Cumberland
STREET ADDRESS (If rural, give location): R.F.D. #2, Baltimore Pike

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Elizabeth (Last) Alstetter

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 18-1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Eckhart, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Krause

14. MOTHER'S MAIDEN NAME: Margaret Strube

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Husband) Geo. J. Alstetter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X Immediate cause (a) Cerebral hemorrhage (apoplexy) — Interval between onset and death: gradual

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. June 10 1953

BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | June 7, 1953 | Frostburg Memorial Park | Frostburg, Maryland

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

June 7, 1953 | Winter R. Frantz, M.D. | William H. Light, Amberland, "

Late date signed - Unable to accept D. Med. Exam. Death Certificate

RECEIVED
JUN 27 19
BUREAU V. S.

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05603

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland. LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 320 Central Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 320 Central Ave

3. NAME OF DECEASED: (Type or Print) (First) Elmira (Middle) (Last) Ashby

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 10 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cumberland Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jess Tailor
14. MOTHER'S MAIDEN NAME: Hattie Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: George Ashby

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 3 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C. V. Disease
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1, 1953, to June 19, 1953 that I last saw the deceased alive on June 19, 1953 and that death occurred at 11 45 AM from the causes and on the date stated above.
SIGNATURE B. M. Schindler (Degree or title) MD ADDRESS 41 Greenwood Cumberland, Md DATE SIGNED 6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 22, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) (State) Cumberland Maryland
DATE REC'D BY LOCAL REGISTRAR June 22, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, MD
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05604

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton
LENGTH OF STAY (In this place): 63 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JANET (Middle) CATHERINE (Last) AYERS

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 10 Dec 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher ret.

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Barton, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sarah Penman

14. MOTHER'S MAIDEN NAME: John Ayers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: George Ayers, Barton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.2 Immediate cause	(a) Acute Cardiac Failure due to	sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming, MD Cumberland, Maryland 19 June 1953

BURIAL, CREMATION REMOVAL (Specify): Burial ☑
DATE THEREOF: 21 June 53
NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
LOCATION (City, town, or county) (State): Allegany Co., Maryland

DATE REC'D BY LOCAL REG.: June 21, 1953
REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly
24. FUNERAL DIRECTOR ADDRESS: E. S. Boal, Westernport, Maryland

RECEIVED
JUN 23 1953
BUREAU V. S.

Within corporate limits FAW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05605

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A45

1. PLACE OF DEATH:

COUNTY: ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD.

LENGTH OF STAY (in this place): 1 DAY

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: WEST VIRGINIA — COUNTY: Mineral

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIDGELEY

STREET ADDRESS (If rural give location): 26 POTOMAC AVE.,

3. NAME OF DECEASED: (First) JEAN (Middle) Kelso (Last) BADGLEY

4. DATE OF DEATH: (Month) JUNE (Day) 1 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	DEC. 27, 1893	59 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
cashier	Kelly-Tire Co.	W.VA Magnolia, W. Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ROBERT GRANT	MARGARET Scott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	236-36-1232	Louis Grant Ridgeley, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0

Immediate cause — (a) DUE TO: Concealed fatal hemorrhage, probable duodenal ulcer, — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1953, to June 1, 1953, that I last saw the deceased alive on May 31, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. M. Fauntz	M. D.	Cumberland Md	June 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/3/53	Philos Cem.	Westernport, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 3, 1953	Winter R. Fauntz, M.D.	H. Wayne George	Cumberland, Md.

REÇU
JUN 10 1953
BUREAU V

05606

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) National — LENGTH OF STAY (in this place) 17 yrs	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) National
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural near Frostburg	STREET ADDRESS (If rural, give location) Rural near Frostburg

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) -- (Last) Baer				4. DATE OF DEATH (Month) June 13 (Day) 1953 (Year) 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct, 4.1902	9. AGE last birthday 50 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker		10b. KIND OF BUSINESS OR INDUSTRY Hazelwood, CO.	11. BIRTHPLACE (State or foreign country) Gilmore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hiram Baer			14. MOTHER'S MAIDEN NAME Racheal Beeman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 220-10-2112	17. INFORMANT Mrs. Albert Baer (Wife)		

18. MEDICAL CERTIFICATION National, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) Pulmonary Tuberculosis — 6 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to June 13, 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 10:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W O McLane M D		Frostburg Md	June 16 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 16 1953	NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	LOCATION (City, town, or county) (State) Lonaconing, Md.
DATE REC'D BY LOCAL REG. 6-16-53	REGISTRAR'S SIGNATURE Jeannette M Boal	24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05607

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.)

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 414 Springdale Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 414 Springdale Street

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Frank (Last) Bagatti

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Dec. 23, 1896	56 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Trucker	Macaroni Factory	Palamero Italy	USA

13. FATHER'S NAME: Joseph Bagatti

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No:	17. INFORMANT & ADDRESS:
no		190-05-6948	Mrs. Louis Bagatti, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) ..... Chronic Myocarditis — Interval Between Onset And Death: 3 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .....

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Bronchitis — 5 days

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-17, 19 53 to 6-20, 19 53, that I last saw the deceased alive on 6-17, 19 53 and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE: J. J. Johnson M.D. — (Degree or title) — ADDRESS: Cumberland Maryland — DATE SIGNED: 6-21-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	6-23-1953	St. Mary's Cemetery	Cumberland, Md.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 22, 1953	Walter R. Beatty, M.D.	James F. Scarpelli,	Cumberland, Md.

Within corporate limits? DR. TOPPER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05608

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural give location): 723 GEPHART DRIVE

3. NAME OF DECEASED: (First) CARRIE (Middle) E. (Last) BEAN
4. DATE OF DEATH: (Month) JUNE (Day) 17 (Year) 19 53
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 30 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Antioch, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WILLIAM MC NEMAR
14. MOTHER'S MAIDEN NAME: LUCY ROBERTS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Ralph Bean, Cumberland, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) 442X Chronic Hypertension Cardio-Vascular Disease — 5 yrs Appx.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) DUE TO; (c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 17, 1953, that I last saw the deceased alive on June 17, 1953 and that death occurred at 11:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): John A Topper MD — ADDRESS: Hyndman Pa — DATE SIGNED: 6-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 20, 1953 — NAME OF CEMETERY OR CREMATORY: I.O.O.F Cemetery — LOCATION (City, town, or county) (State): Elk Garden, W. Va.

DATE REC'D BY LOCAL REGISTRAR: June 20, 1953 — REGISTRAR'S SIGNATURE: Winter K. Hantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.

VS. A1

RECEIVED
JUN
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05609

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland — LENGTH OF STAY (in this place): 36 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1037 Bedford Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland

STREET ADDRESS (If rural give location): 1037 Bedford Street

3. NAME OF DECEASED: (Type or Print) (First) Milton (Middle) Samuel (Last) Bortz

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 31 1902

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery & Auto Service Station

11. BIRTHPLACE (State or foreign country): Centerville, Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christopher Bortz

14. MOTHER'S MAIDEN NAME: Cora Nave

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Milton Bortz, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

5/4 X

Immediate cause (a) Sudden death due to cerebral embolism

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Malignant hypertension, Chr. myocarditis, Generalized arteriosclerosis, Angina pectoris — 6 yrs?

DUE TO

(c) Chronic nephritis. Anasarca

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1953, to June 6, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 3-30 AM, from the causes and on the date stated above.

SIGNATURE: Lysle R. Everhart (Degree or title) MD — ADDRESS: 36 Green St Cumberland Md — DATE SIGNED: 6/8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 9 1953 — NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: June 8, 1953 — REGISTRAR'S SIGNATURE: Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.

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VS. 418

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barrellsville
STREET ADDRESS (If rural, give location): R.F.D.#1 Mt.Savage

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Bridges

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Nov.14-1877

9. AGE Last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mt.Savage,Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William [redacted]r Blucker

14. MOTHER'S MAIDEN NAME: Unknown — Beals

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Daughter) Mrs.A.Caler, Barrellsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Passive congestion of the lungs due to — Interval between Onset and Death: several days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intertrochanteric fracture of right femur — about 29 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY* OR CONTRIBUTING* CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home

(CITY OR TOWN): Barrellsville (COUNTY): Allegany (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: May-8/53-7 A. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Made a mis-step, fell to the floor & fractured right femur

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

H.V.Deming M.D. H.V.Deming M.D. Cumberland,Md. June 3-1953

23. BURIAL, CREMATION REMOVAL, (Specify): Burial

DATE THEREOF: June 5,1953

NAME OF CEMETERY OR CREMATORY: St.Patrick's Catholic Cemetery

LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REG.: June 5,1953

REGISTRAR'S SIGNATURE: Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: John J. Hoffman, Cumberland, Md.

VS. A15A

RECEIVED
JUN 10 1953
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07011

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 50 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 401 Race Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural give location): 401 Race Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Margaret	Ann	Burns	June	7	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	widowed	May 1, 1874	79 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Piedmont, W. Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Fleming	Margaret Kelley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	no	none	Hugh W. Burns, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 449X (a) Acute myocardial degeneration

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Hypertensive Cardio Vascular Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 19..., to 6/7 ..., 19 53, that I last saw the deceased alive on 6/4 ..., 19 53, and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Lee M. Ley Jr. M.D. — ADDRESS: 457 N. Centre St. — DATE SIGNED: 6/7/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6-10-1953	St. Mary's Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 8, 1953	Walter K. Frank, M.D.	James F. Scarpelli	Cumberland, Md.

VS. A

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport rural
LENGTH OF STAY (In this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 1, Stoney Run

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) RFD # 1, Stoney Run

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) SCHELEY (Last) CLARK
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 15 July 1898
9. AGE Last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (State or foreign country): Westernport
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jefferson Clark
14. MOTHER'S MAIDEN NAME: Emma Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Sarah Clark RFD # 1 Westernport, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock and electrocution — Interval between onset and death: at once

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) due to trying to connect broken wires in coal mine.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Coal mine
(CITY OR TOWN): Nr Westernport (COUNTY): Allegany (STATE): Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): 19 June 1953 2:30 pm
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? trying to connect broken wires in coal mine.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from, natural causes , accident ☒, suicide , homicide , undetermined .*

SIGNATURE: H.V. Deming, M.D. — (Degree or title): H.V. Deming M.D. — ADDRESS: Cumberland, Maryland — DATE SIGNED: 6-19-53

DISPOSITION: Burial — DATE THEREOF: 6-23-53 — NAME OF CEMETERY OR CREMATORY: Silas Country — LOCATION (City, town, or county) (State): Westernport, Md.

DATE RECEIVED BY LOCAL REG: June 21, 1953 — REGISTRAR'S SIGNATURE: Mrs Jean C Kelly — 24. FUNERAL DIRECTOR: E. L. Bast — ADDRESS: Westernport, Md

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

BUREAU V. E.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05613

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Midland
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Henry (Last) Coleman

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb, 16. 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Retired-Kelly-Springfield

11. BIRTHPLACE (State or foreign country): Klondyke, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John J. Coleman

14. MOTHER'S MAIDEN NAME: Ellen Tighe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 182-01-3552

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 Hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension — ?

DUE TO (c) Cerebral Arteriosclerosis ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

Left Hemiplegia, 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952 to June 11, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 6:25 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McGraw M.D. — ADDRESS 49 Greene St. — DATE SIGNED June 12 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 14, 1953 — NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery — LOCATION (City, town, or county) Lonaconing, (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 17, 1953 — REGISTRAR'S SIGNATURE Victor R. Hartz, M.D.

24. FUNERAL DIRECTOR George Eichhorn — ADDRESS Lonaconing, Md.

VS. A1

RECEIVED
JUN 23 1953
PUBLIC V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 745 Fayette St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 745 Fayette St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sanford	Walter	Collins	June	2	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	widower	Oct.18-1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner- Collins Furniture Store.		Artemas, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wesley Collins	Amanda Tewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	214-32-2905	daughter) Mrs. Harry Vandergrift.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4-1 Immediate cause	(a) Coronary thrombous due to	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary insufficiency with angina pectoris	about 6 years
	(c) Cardiac(left) hypertrophy	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V.Deming M.D.	Cumberland, Md.	June 2-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 4, 1953	Rose Hill Mausoleum	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 3, 1953	Winter K. Frantz, M.D.	John J. Hafer,	"

JUN 10 1953
BUREAU OF

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05615

CERTIFICATE OF DEATH

Dr. [illegible]

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 313 Bedford Street

3. NAME OF DECEASED: (Type or Print) (First) Sophia (Middle) R. (Last) Davis
4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 19 53

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 13, ~~May 18~~ 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ernest Ortz
14. MOTHER'S MAIDEN NAME: Sophia Burkheart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial Failure — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic and Hypertensive Heart Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1953, to June 26, 1953, that I last saw the deceased alive on June 25, 1953, and that death occurred at 4:45 AM, from the causes and on the date stated above.

SIGNATURE Saville G. Weisman (Degree or title) MD ADDRESS 59 Greene St Cumberland, Maryland DATE SIGNED 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-29-1953
NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR June 28, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUL 6 1953
BUREAU V. S.

Within one year from ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05616

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 3/2/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 516 Marietta Street

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Irene (Last) Dawson

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 4, 1878

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Domestic Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ridgeley, West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Eli W. Dawson

14. MOTHER'S MAIDEN NAME: Lucy A. Jacobs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
422.1 Immediate cause	(a)	Pulmonary Hypostasis	24 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Chronic Myocarditis	?
	DUE TO (c)	General Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 2 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1953 to June 6, 1953, that I last saw the deceased alive on June 6, 1953 and that death occurred at 7:25 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Jacob E. McLean M.D. — ADDRESS: 49 Greene St. — DATE SIGNED: 6-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 9 1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: June 8, 1953 — REGISTRAR'S SIGNATURE: Winter L. Frantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight — ADDRESS: Cumberland, Md.

VS-A15-4

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 Old Town Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 413 Old Town Road.

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) Lillian Shipley (Last) Deale
4. DATE OF DEATH (Month) June (Day) 29 (Year) 1953
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 5-1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Orleans Cross Roads, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John R.Shipley
14. MOTHER'S MAIDEN NAME Nancy Dawson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS (husband) Thomas C.Deale, Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic congestion of the lungs (bedfast)	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition and arteriosclerosis also had	
	(c) fracture of left femur (Senile dementia)	about 6 months.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) about Jan.5/53-10 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Walking toward bed-room, fell & fractured left femur.

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident *, suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V. Deming M.D.
ADDRESS Cumberland, Md.
DATE SIGNED June 29-1953

FINAL CREMATION MOVAL (Specify) Burial
DATE THEREOF July 1, 1953
NAME OF CEMETERY OR CREMATORY Camp Hill Cem
LOCATION (City, town, or county) Paw Paw, West Virginia (State)

DATE REC'D BY LOCAL REG. June 30, 1953
REGISTRAR'S SIGNATURE Wintes R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALA

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05618

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
STREET ADDRESS (If rural, give location): Church Street

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Andrew (Last) Dixon

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 26, 1879

9. AGE last birthday: 74 yrs.
If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Pool Room

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Dixon

14. MOTHER'S MAIDEN NAME: Marion Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs Jennie Fairchild — Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
332 X	Immediate cause	(a) Cerebral Thrombosis	3 hours
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis — Generalized	2-3 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 52, to 30 June, 19 53, that I last saw the deceased alive on 30 June 19 53, and that death occurred at 8 30 P. m., from the causes and on the date stated above.

SIGNATURE: George Eichhorn Jr. M.D. — (Degree or title) — ADDRESS: Lonaconing — DATE SIGNED: 7-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 3, 1953
NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
LOCATION (City, town, or county) (State): Lonaconing Md

DATE REC'D BY LOCAL REG.: 7-3-53
REGISTRAR'S SIGNATURE: Jeannette M Boyd

24. FUNERAL DIRECTOR: George Eichhorn
ADDRESS: Lonaconing, Md

VS. T

RECEIVED
JUL 9 1903
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05C19

CERTIFICATE OF DEATH

Dr E Brings

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland, rural
STREET ADDRESS (If rural give location) Route 5, Braddock Road

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) (Last) Donnelly
4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 2, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Peter Fitzwilliams
14. MOTHER'S MAIDEN NAME: Jane Pope
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

332X

Immediate cause (a) cerebral hemorrhage — 13 d.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arteriosclerosis — years

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pneumonia — 5 d.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1951, to June 25, 1953 that I last saw the deceased alive on June 24, 1953, and that death occurred at 7 40 AM, from the causes and on the date stated above.

SIGNATURE Elizabeth Brings, M.D. (Degree or title) ADDRESS 55 Greene St. DATE SIGNED 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-27-1953
NAME OF CEMETERY OR CREMATORY Philos Cem.
LOCATION (City, town, or county) (State) Westernport, Md.
DATE REC'D BY LOCAL REGISTRAR June 27, 1953
REGISTRAR'S SIGNATURE Winter L. Lantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

George

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

Item 14 Film0155 6/24/53 whw

05620

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH · COUNTY: Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing — LENGTH OF STAY (in this place): 74 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Detmold Street	STREET ADDRESS (If rural, give location): Detmold Street

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Stafford (Last) Duckworth				4. DATE OF DEATH (Month) June, (Day) 11. (Year) 1953	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Feb, 27.1879	9. AGE last birthday: 74 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Lonaconing, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Stafford		14. MOTHER'S MAIDEN NAME: Jeanette Sneddin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mr. Hayward Duckworth (Husband)			

18. MEDICAL CERTIFICATION Lonaconing, Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause (a) Chr Cardio Vascular renal disease	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis - Cerebral	
(c) Thrombosis	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1953, to 6/11, 1953, that I last saw the deceased alive on 6/11/53, 19 ....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature] M D	Westernport Md	6/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: June, 14, 1953	NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery	LOCATION (City, town, or county) (State): Lonaconing, Md.
DATE REC'D BY LOCAL REG.: 6-14-53	REGISTRAR'S SIGNATURE: Jeanette M Bool	24. FUNERAL DIRECTOR: George Eichhorn, Lonaconing, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 18

DR. VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05621

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 17 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY: ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): FROSTBURG
STREET ADDRESS (If rural give location): 2 EAST MAIN ST.,

3. NAME OF DECEASED: (Type or Print) (First) SALLIE (Middle) W. (Last) DURST

4. DATE OF DEATH: (Month) JUNE (Day) 25 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JAN. 12 1871

9. AGE Last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): FROSTBURG, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN LAYMAN

14. MOTHER'S MAIDEN NAME: ANN FAZENBAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Joseph Durst, Frostburg Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 157X (a) Carcinoma Pancreas with Carcinomatosis — Interval Between Onset And Death: 3 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus mild Hyp. arteriosclerosis

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1953, to 25 June, 1953, that I last saw the deceased alive on 25 June, 1953 and that death occurred at 11:50 A.M. from the causes and on the date stated above.

SIGNATURE: W. A. VanOrmer (Degree or title) M.D. ADDRESS: Cumberland, Md DATE SIGNED: 25 June 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 28 1953 — NAME OF CEMETERY OR CREMATORY: Frostburg Mem. Cem. — LOCATION (City, town, or county) (State): Frostburg Md

DATE REC'D BY LOCAL REGISTRAR: June 26, 1953 — REGISTRAR'S SIGNATURE: Minter K. Frantz, M.D. — **24. FUNERAL DIRECTOR** Durst Funeral Home — ADDRESS: Frostburg, Md.

2

VS. A15

RECEIVED
JUL 1 - 3
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05622

CERTIFICATE OF DEATH

DR. TOPPER

Reg. Dist. No. 4

1 PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 29 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNSYLVANIA COUNTY BEDFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYNDMAN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) FISHER (Last)

4. DATE OF DEATH: (Month) JUNE (Day) 17 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: JAN. 16, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CASS H. HARTZELL
14. MOTHER'S MAIDEN NAME: JANE E. HANSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.0
Immediate cause (a) Chronic Arteriosclerotic Heart Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to June 17, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 11:15 P.M. from the causes and on the date stated above.

SIGNATURE John A Topper (Degree or title) MD
ADDRESS Hyndman Pa
DATE SIGNED June 18. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-20-53
NAME OF CEMETERY OR CREMATORY Lybarger Cemetery
LOCATION (City, town, or county) (State) Hadley Pa.

DATE REC'D BY LOCAL REGISTRAR June 19, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D
24. FUNERAL DIRECTOR Harvey H. Leigler
ADDRESS Hyndman, Pa.

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1953
BUREAU V. S.

Within corporate limits

05623

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 22 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 518 N.Mechanic St.	STREET ADDRESS (If rural, give location) 518 N.Mechanic St.

3. NAME OF DECEASED (Type or Print) (First) Allie (Middle) Z. (Last) Frantz			4. DATE OF DEATH (Month) June (Day) 13 (Year) 1953		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH Jan.18-1880	9. AGE last birthday 73 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) near-Centerville,Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Hendrickson			14. MOTHER'S MAIDEN NAME Ruth Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS daughter-Azelma Frantz,Cumberland,Md.		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary occlusion	about 2 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ___ OR CONTRIBUTING ___ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D.	H. V. Deming M.D.	Cumberland,Md.	June 13-1953

CREMATION (Specify) Burial	DATE THEREOF June 16, 1953	NAME OF CEMETERY OR CREMATORY Hose Hill Cem	LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REG. June 15, 1953	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR Louis Stein, Inc., "	ADDRESS "

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
IN
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05024

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 417 Magruder St.

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) B (Last) Friedland.

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 8 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemfs
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Braunsweig. Ger.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Luddeke
14. MOTHER'S MAIDEN NAME: Fannie Abelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Maurice Friedland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	10 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Cardiovascular	"
DUE TO		
	(c) Myocardial Disease	"

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Adenomatous goiter's hyperthyroidism

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1953, to June 19, 1953, that I last saw the deceased alive on June 19, 1953, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE Maurice Friedland (DEGREE OR TITLE) ADDRESS 50 Pershing St Cumberland Md DATE SIGNED 6/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 21, 1953
NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery
LOCATION (City, town, or county) (State) Altoona, Pennsylvania

DATE REC'D BY LOCAL REG. June 19, 1953
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

Within corporate limits

05625

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Columbia St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 208 Columbia St.

3. NAME OF DECEASED (Type or Print) (First) Junior (Middle) Chris. (Last) Garlick
4. DATE OF DEATH (Month) June (Day) 24 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 1-1910
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe fitter
10b. KIND OF BUSINESS, OR INDUSTRY Yoder Construction Co.
11. BIRTHPLACE (State or foreign country) Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Christopher Garlick
14. MOTHER'S MAIDEN NAME Ethel Oneal
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-10-6566
17. INFORMANT AND ADDRESS wife) Madeline T. Garlick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
4	Immediate cause	(a) Coronary occlusion due to	sudden
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection * Inquiry *, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident ☐, suicide , homicide , undetermined ☐.*

SIGNATURE H.V. Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED June 25-1953

DISPOSITION (Specify) Burial
DATE THEREOF June 27 1953
NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem
LOCATION (City, town, or county) (State) Near Cumberland, Maryland

DATE REC'D BY LOCAL REG. June 26, 1953
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein, Inc., ADDRESS Cumberland, Maryland

MARGIN RESERVED FOR BINDING

FILL WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 1 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05626

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 112 N. Smallwood St.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) ---------- (Last) Goodman

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-22-1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Wearing Apparel
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hillel Goodman
14. MOTHER'S MAIDEN NAME: Tobie Guttman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-24-5738
17. INFORMANT & ADDRESS: Mrs. Sarah Goodman Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Acute Left Ventricular Failure DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Disease DUE TO

(c)

Interval Between Onset And Death: 1 day ??

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 1953 to 6/8, 1953, that I last saw the deceased alive on 6/8, 1953, and that death occurred at 3 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Jacobson Md ADDRESS 50 Penny St DATE SIGNED 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-10-1953
NAME OF CEMETERY OR CREMATORY Mt. Sinai Cem.
LOCATION (City, town, or county) (State) Altoona, Penna.

DATE REC'D BY LOCAL REGISTRAR June 10, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

RECEIVED
JUN 17
BUREAU V. S

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 627

CERTIFICATE OF DEATH

Reg. Dist. No. 4

DR. VAN ORMER

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 33 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA — COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIEDMONT
STREET ADDRESS (If rural give location) 196 W. FAIRVIEW STREET

3. NAME OF DECEASED: (First) ROSE (Middle) B. (Last) GRADY

4. DATE OF DEATH: (Month) JUNE (Day) 18 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCTOBER 31, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JESSE LEE

14. MOTHER'S MAIDEN NAME: LUCY PEYTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma Sigmoid with gen. carcinomatosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: 8 months

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: MAY 10, 1953

19b. MAJOR FINDINGS OF OPERATION: Same as above.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1953, to 18 June 1953, that I last saw the deceased alive on 17 June, 19 53, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. A. Van Orma, M.D. ADDRESS Cumberland, Md. DATE SIGNED 20 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-21-53

NAME OF CEMETERY OR CREMATORY Philos Cemetery

LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REGISTRAR June 20, 1953

REGISTRAR'S SIGNATURE Wintes R. Hantz, M.D.

24. FUNERAL DIRECTOR E. S. Beal ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

RECEIVED
JUN 23
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05628

CERTIFICATE OF DEATH

Reg. Dist. No. 9

M

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Western~~ FROSTBURG
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport
STREET ADDRESS (If rural give location) Walnut St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BERNICE (Last) GUY

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 26 March 1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): ~~26 March 1908~~ Westernport Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Guy
14. MOTHER'S MAIDEN NAME: Ethel Biggs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWW 2
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John H. Guy, Western port Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

626X
Immediate cause (a) Pulmonary Edema
DUE TO Cardiac failure due to
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Embolus
DUE TO (c) Coronary Insufficiency

Interval Between Onset And Death: 12-18 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Evisceration following abd. operation 36 hrs.

19a. DATE OF OPERATION: 6/18/53 6/18/53
19b. MAJOR FINDINGS OF OPERATION: Pelvic peritonitis (coliform bacillus) Closure eviscerated wound
20. AUTOPSY? Yes ✓ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1953, to 6/20, 1953, that I last saw the deceased alive on 6/19, 1953, and that death occurred at 5 35 AM EDT, from the causes and on the date stated above.

SIGNATURE (Degree or title) Hilda Jane Walters M.D. ADDRESS Frostburg Md DATE SIGNED 6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-23-53
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Western port, Md.
DATE REC'D BY LOCAL REGISTRAR 6-23-53
REGISTRAR'S SIGNATURE Mrs Nancy N. Roe
24. FUNERAL DIRECTOR E. S. Boal ADDRESS Western port Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
[illegible]
REAU V. S

Within corporate limits

05629

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 2 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown
STREET ADDRESS (If rural, give location) R.F.D.#5

3. NAME OF DECEASED (Type or Print) (First) Ora (Middle) (Last) Hivick
4. DATE OF DEATH (Month) June (Day) 3 (Year) 1953
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH August 6-1898
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Dry Fork, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alexander Mick
14. MOTHER'S MAIDEN NAME Phoeba J.Wolford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS (son) Merle N.Hivick, Cresaptown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral hemorrhage (Apoplexy)	about one hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED June 3-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 6, 1953
NAME OF CEMETERY OR CREMATORY St. Ambrose Catholic Cemetery
LOCATION (City, town, or county) Cresaptown (State) Md.

DATE REC'D BY LOCAL REG. June 5, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hofer, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 10
BUREAU V.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Cumberland

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LaVale, Cumberland

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Elizabeth (Last) Hodgson

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Single	April 9, 1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Supervisor	Public Schools	Ft. Ashby, W. Va.	USA

13. FATHER'S NAME: Henry W. Hodgson

14. MOTHER'S MAIDEN NAME: Roberta Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Miss Lillian Hodgson, LaVale, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

330X

Immediate cause (a) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction 3 weeks

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1953, to 6/5, 1953, that I last saw the deceased alive on 6/4, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE: Elizabeth Hodgson M.D. (DEGREE OR TITLE) 55 Fillmore St. Cumberland, Md. (ADDRESS) (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 8, 1953	Rose Hill Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 7, 1953	Walter R. Beatty, M.D.	John J. Hofer,	Cumberland, Md.

RECEIVED
BUREAU V. S.

05631

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) P. (Last) Hook

4. DATE OF DEATH: (Month) (Day) (Year) June 28, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 12, 1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: ~~Housework~~

11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Crawford

14. MOTHER'S MAIDEN NAME: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Howard T. Rice, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

154 X

Immediate cause (a) Cancer of the rectum — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks?

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Surgical shock — 1 day

19a. DATE OF OPERATION: 6-27-53

19b. MAJOR FINDINGS OF OPERATION: Cancer of the rectum

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1953, to 6-27, 1953, that I last saw the deceased alive on 6-27, 1953, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) [signature] ADDRESS 57 Greene St. Cumberland DATE SIGNED 6-29-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 1, 1953

NAME OF CEMETERY OR CREMATORY: St. George Episcopal

LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REG.: June 30, 1953

REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Harvey H. Zeigler, Hyndman, Pa.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1953
BUREAU V. S.

05632

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Blanche (Last) Huff

4. DATE OF DEATH: (Month) June (Day) 5, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 4 1872

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Flintstone, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Bucy

14. MOTHER'S MAIDEN NAME: Amy Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Howard Huff Mt. Savage, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Both Breasts & Glands. — Interval Between Onset And Death: 9 mo.

DUE TO

Antecedent causes (s) Disesses or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Mitral Stenosis — 9 mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to June, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 11-35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William E. Manley — ADDRESS: Mt Savage Md — DATE SIGNED: June 6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-8-1953 — NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: June 8, 1953 — REGISTRAR'S SIGNATURE: Veronica McDermett — 24. FUNERAL DIRECTOR: William H. Kight, — ADDRESS: Cumberland, Md.

REÇU
1953
BUREAU V.

USE 33

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage, Maryland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Below Newtown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage, Maryland
STREET ADDRESS (If rural, give location): Below Newtown

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Thomas (Last) Huff

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 6, 1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Janitor

10b. KIND OF BUSINESS OR INDUSTRY: K&S Tire Co.

11. BIRTHPLACE (State or foreign country): Piney Plains, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Huff

14. MOTHER'S MAIDEN NAME: Julia Perdew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-10-6478

17. INFORMANT & ADDRESS: Mrs. Eliza Bennett Huff, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
42.10 Immediate cause	(a)	Cerebral Hemorrhage	4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Vascular Hypertension	at least 9 years.
	DUE TO (c)	Mitral Stenosis	at least 9 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) M. OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to 5/31, 1953, that I last saw the deceased alive on May 31, 1953, and that death occurred at 5:15 A. m., June 1, 1953, from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

William E. Mosley M. D. Mt. Savage, Maryland June 1 - 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 3, 1953

NAME OF CEMETERY OR CREMATORY: Mt. Savage Meth. Cemetery

LOCATION (City, town, or county) (State): Mt. Savage, Maryland

DATE REC'D BY LOCAL REG.: June 2-53

REGISTRAR'S SIGNATURE: Veronica McDermott

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Maryland

VS. A15

RECEIVED
JUN 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05634

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Ormond St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 73 Ormand Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Rairick (Last) Kaplon

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 20th, 1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Rairick

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Jacob Kaplon, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) ..... Carcinoma Head of Pancreas

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... & Metastasis

DUE TO

(c)

Interval Between Onset And Death: Indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3 ..., 1953, to 6/6, 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 10:22 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Davis, M.D. — ADDRESS Frostburg Md — DATE SIGNED 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-9-1953 — NAME OF CEMETERY OR CREMATORY St. Michael's Cemetery, Frostburg, — LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-9-53 — REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR ADDRESS J. R. Durst, Frostburg, Md.

VS. 1

RECEIVED
JUN 15 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 635

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1810 Oldtown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,
STREET ADDRESS (If rural give location) 1810 Oldtown Rd.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) (Last) KESLER

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 1, 1870

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country). Magnolia, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Boxell

14. MOTHER'S MAIDEN NAME: Catherine O'Farrell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: James E. Kesler Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) DUE TO: Apoplectic Stroke — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: arterial hypertension — 6 months
(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-30, 19 53, to 6-1, 19 53, that I last saw the deceased alive on 5-30, 19 53, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Wayne George M.D. Cumberland Md. 6-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/3/53
NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul's
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR June 3, 1953
REGISTRAR'S SIGNATURE Miles K. Faulk, M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

VS/A15

RECEIVED
JUN 10 1953
BUREAU V.

Within corporate limit

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05636

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 12/19/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 409 Arch Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. Henry (Last) Kline

4. DATE OF DEATH: (Month) June (Day) 21, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10/18/1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired-Conductor of R.R.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Luray, Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Millard Fillmore Kline
14. MOTHER'S MAIDEN NAME: Caroline Alice Smith

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-09-3508
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Fibrosis — ?

DUE TO

(c) Bronchial Asthma — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Cirrhosis — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952, to June 21 1953, that I last saw the deceased alive on June 20 1953, and that death occurred at 5:15 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McLean M.D. ADDRESS 49 Green St. DATE SIGNED 6-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/23/1953
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR June 22, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli - ADDRESS 108 Va. Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6571

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eckhart
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Anthony (Middle) (Last) Komatz

4. DATE OF DEATH: (Month) 6 - (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 21st, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mining
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Komatz
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-05-7131
17. INFORMANT & ADDRESS: George Komatz, Eckhart, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 days

Immediate cause (a) Coronary sclerosis — Interval Between Onset And Death: 4 Days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1953, to June 20, 1953, that I last saw the deceased alive on June 20, 1953 and that death occurred at 7:30 P, from the causes and on the date stated above.

SIGNATURE W. O. McLane (Degree or title) MD ADDRESS Frostburg Md DATE SIGNED June 22 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-23-1953 NAME OF CEMETERY OR CREMATORY St. Michael's Cemetery LOCATION (City, town, or county) Frostburg, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6-23-53 REGISTRAR'S SIGNATURE Mrs. Nancy N Roe
24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

AND WRITE LEGIBLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: On ground, west of watchbox at Franklin St. Crossing, B&O.R.Ry.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 635 Columbia Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Ellsworth (Last) Lease

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 9-1899

9. AGE Last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / M.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crossing Watchman

10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry.

11. BIRTHPLACE (State or foreign country): Rawlings, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob T. Lease

14. MOTHER'S MAIDEN NAME: Margaret Huff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 214-05-4977

17. INFORMANT AND ADDRESS: Evelyn Mc Intosh, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 / Immediate cause (a) Coronary occlusion due to — sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis (marked) — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. IN FINAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✱, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. — Cumberland, Md. — June 18-1953

REAL CREMATION BURIAL (Specify): Burial — DATE THEREOF: June 20, 1953 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: June 19, 1953 — REGISTRAR'S SIGNATURE: Hunter L. Mantz, M.D. — 24. FUNERAL DIRECTOR — ADDRESS: Frost Bros., Inc., Cumberland, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0[illegible]38

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. #1 Cumberland,
STREET ADDRESS (If rural give location) Allegany Grove

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Eulalia (Last) Lechliter

4. DATE OF DEATH: (Month) June (Day) 12, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 2, 1886

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Chest Springs, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William F. Johnson

14. MOTHER'S MAIDEN NAME: Catherine Conrad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Amos A. Lechliter R.D. #1 Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1747

Immediate cause (a) Ca of uterus — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Massive pulmonary infarction — DUE TO

(c)

Interval Between Onset And Death: 2 months

Sudden

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-22-53

19b. MAJOR FINDINGS OF OPERATION Ca of uterus

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-53, to 6-12-53, that I last saw the deceased alive on 6-12-53, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE C. C. Zimmerman M.D. — (Degree or title) — ADDRESS 105 S. Centre St. — DATE SIGNED 6-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/16/53 — NAME OF CEMETERY OR CREMATORY St. Patricks Cem. — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR June 15, 1953 — REGISTRAR'S SIGNATURE V. Oates R. Beatty, M.D.

24. FUNERAL DIRECTOR Charles L. George — ADDRESS Cumberland, Md.

RECEIVED
JUN
BUREAU V. S.

Within corporate limits

05639

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~(rural)~~ Cumberland
LENGTH OF STAY (in this place) 1 hr. 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Cumberland
STREET ADDRESS (If rural, give location) R.F.D. LaVale

3. NAME OF DECEASED (Type or Print) (First) Fredrick (Middle) Franklin (Last) Lookenott
4. DATE OF DEATH (Month) June (Day) 22 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Aug. 22-1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopath
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Lookenott
14. MOTHER'S MAIDEN NAME Mary Gephart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Memorial Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
241x	Immediate cause	(a) Acute cardiac failure due to	sudden
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac decomposition also had	gradual
		(c) Chronic Bronchial asthma and Arteriosclerosis	several yrs ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.V. Deming M.D. H. V. Deming M.D. Cumberland, Md. June 22-1953

CREMATION (Specify) Burial
DATE THEREOF June 25, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. June 23, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein, Inc., ADDRESS Cumberland, "

MARGIN RESERVED FOR BINDING

USE WHITE PLAINLY, WITH UNLADING INK. Supply every item of information carefully. The correct and especially important Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
JUL 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (6540)

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland

LENGTH OF STAY (in this place): 65 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland

STREET ADDRESS (If rural give location): 204 Wilmont Avenue

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) James (Last) Martin

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 18, 1887

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: City Water Dept.

11. BIRTHPLACE (State or foreign country): Spring Gap, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Martin

14. MOTHER'S MAIDEN NAME: Barbara Feathers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-147039

17. INFORMANT & ADDRESS: Mrs. Robert Martin, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

527.1

Immediate cause (a) Cerebral embolism — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cor pulmonale — 3 mos

DUE TO (c) Emphysema — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 19 53, to June 17, 19 53, that I last saw the deceased alive on June 17, 19 53, and that death occurred at 2:20 a m, from the causes and on the date stated above.

SIGNATURE: Roger L. Baccini, M.D. — (Degree or title) — ADDRESS: 62 Greene St. Cumberland Md. — DATE SIGNED: June 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 6-20-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Frostburg Memorial Park Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: June 19, 1953 — REGISTRAR'S SIGNATURE: Hunter L. Hantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: James F. Scarpelli, Cumberland, Md.

VS. A15-1

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Within corporate limits

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4 ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 417 N. Centre St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural give location): 417 N. Centre St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) M. (Last) McArdle

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-1-1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Shovel Operator

10b. KIND OF BUSINESS OR INDUSTRY: Contracting

11. BIRTHPLACE (State or foreign country): Sugar Notch, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John M. McArdle

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Ola McArdle Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4[illegible]0

Immediate cause (a) congestive heart failure — 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arteriosclerosis — 2 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-1951, to 6-9-1953, that I last saw the deceased alive on 6-4-1953, and that death occurred at 1:45 AM, from the causes and on the date stated above.

SIGNATURE L. Klein (Degree or Title) MD ADDRESS 57 Decatur St. Cumberland Md. DATE SIGNED 6-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-11-1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: June 10, 1953 — REGISTRAR'S SIGNATURE: Walter R. Manly, M.D.

24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumberland, Md.

VS. A15

RECEIVED
BUREAU V. S.

Within corporate limits WEISMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 42

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 45 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural give location): 325½ VIRGINIA AVE.

3. NAME OF DECEASED: (First) MRS (Middle) BLANCHE V. (Last) MC DONALD
(Type or Print)

4. DATE OF DEATH: (Month) JUNE (Day) 30 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 2, 1881

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): W. VA. Romney

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HAMPTON PEER

14. MOTHER'S MAIDEN NAME: MARY HAINES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.0 Immediate cause	(a) Cerebral Thrombosis	2 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerosis	10 years
	(c) DUE TO Arteriosclerotic Heart Disease	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Heart Disease	2 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to June 30, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 9.00PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel R. Freeman M.D. — ADDRESS: 59 Greene St. Cumberland Md. — DATE SIGNED: July 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-3-53 — NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: July 2, 1953 — REGISTRAR'S SIGNATURE: Clinton R. Lantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli — ADDRESS: Cumberland, Md.

RECEIVED
JUL 6 1953
BUREAU V. S.

DR. FAW

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4 ... 15643

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ALLEGHANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA — COUNTY MINERAL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BURLINGTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FITZHUGH (Middle) Lee (Last) MCDOWELL

4. DATE OF DEATH: (Month) JUNE (Day) 1, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: JUNE 19, 1898

9. AGE last birthday: 54 yrs. — If under 1 year: Months ... Days ... — If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA, Burlington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN MCDOWELL

14. MOTHER'S MAIDEN NAME: REBECCA SIMMONS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephritis, Chronic with Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c)

Interval Between Onset And Death: 10 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer — 5 years

19a. DATE OF OPERATION: May 4, 1953

19b. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer with Pyloric stenosis — gastro-enterostomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 4:20 A.M. from the causes and on the date stated above.

SIGNATURE W M Faw Jr (Degree or title) MD ADDRESS Cumberland Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 3, 1953 — NAME OF CEMETERY OR CREMATORY Thresh Cemetery — LOCATION (City, Town, or county) Near Antioch, West Virginia (State)

DATE REC'D BY LOCAL REGISTRAR June 4, 1953 — REGISTRAR'S SIGNATURE Walter K. Lantz, M.D.

24. FUNERAL DIRECTOR Rogers Funeral Home, Keyser, W. Va. — ADDRESS

VS. A15

RECEIVED
JUN 10 1953
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05644

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGHANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGHANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LONACONING
STREET ADDRESS (If rural give location) WATERCLIFF ST.

3. NAME OF DECEASED: (Type or Print) (First) ELMER (Middle) E. (Last) MILLER
4. DATE OF DEATH: (Month) JUNE (Day) 15, (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: DEC. 25, 1908
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): OILER
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL TEXTILE MILLS
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM MILLER
14. MOTHER'S MAIDEN NAME: JESSIE WADDELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-05-5892
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Chronic Rheumatic

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Heart Disease

DUE TO

(c)

Interval Between Onset And Death: Jan 1944 2 first saw him

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1953, to 6-15, 1953, that I last saw the deceased alive on 6-14, 1953, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. X. Williams M.D. ADDRESS Cumberland DATE SIGNED 6-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 18, 1953
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) (State) Lonaconing, Maryland
DATE REC'D BY LOCAL REGISTRAR June 15, 1953
REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR George Eichhorn, ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23
UREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15 C 45)

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Luke
LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke
STREET ADDRESS (If rural, give location) 429 Pratt St.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
John Henry Miller	June 19 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M.	White	Single	Nov. 6 1867	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Merchant	General merchandise	Bloomington, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Gilead Miller	Mary M. Warnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	None	Earl Miller, Luke, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Arteriosclerotic Gangrene	6 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized arteriosclerosis.	18 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan 46, to June 19, 1953, that I last saw the deceased alive on June 19, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE	DEGREE OR TITLE	ADDRESS	DATE SIGNED
James H Warburton	MD	Piedmont W.Va	6-20-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 22, 1953	Philos	Westernport, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 24 1953	Mrs Jean C. Kelly	Mrs. Jay B. Berry	Westernport, Md.

VS-A15

RECEIVED
APR 23 1953

DR VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05646

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CORRIGANVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Bruce (Last) MYERS

4. DATE OF DEATH: (Month) JUNE (Day) 13, (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: APR. 4, 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, or retired: Crystal Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE MYERS
14. MOTHER'S MAIDEN NAME: ELIZABETH LAPP

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW11
16. SOCIAL SECURITY No.: 217 10 5165
17. INFORMANT & ADDRESS: MEMORIAL HOPSITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.3

Immediate cause (a) Hemorrhages Secondary to Esophageal Varices — Interval Between Onset And Death: 48 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cirrhosis Liver — 6 months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. asthma chronic, severe, Extrinsic and intrinsic

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Jun, 1953, to 13 Jun, 1953, that I last saw the deceased alive on 13 Jun, 1953, and that death occurred at 8.50PM, from the causes and on the date stated above.

SIGNATURE W. A. Van Ormer, M.D. (Degree or title) ADDRESS Cumberland, Md DATE SIGNED 14 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 16, 1953
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 15, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Harvey H. Zeigler, Hyndman, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 19
UREAU V. S.

DR. FAW

15647

Within Corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:

COUNTY: ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): CUMBERLAND,

LENGTH OF STAY (in this place): 8 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2 USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY: ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BARTON

STREET ADDRESS (If rural give location): BOX 126

3. NAME OF DECEASED: (Type or Print) (First) MICHAEL (Middle) P (Last) NAUGHTON

4. DATE OF DEATH: (Month) JUNE (Day) 5 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: NOV. 20, 1885 67

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Magistrate - Trial Magistrates Court

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL P. NAUGHTON

14. MOTHER'S MAIDEN NAME: ANN DAVIS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Memorial Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.1

Immediate cause (a) Chronic Nephritis with Uremia — Interval Between Onset And Death: nephritis several yrs uremia 8 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Appendicitis with perforation — may 27

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile cardio vascular renal disease

19a. DATE OF OPERATION: May 28. 1953

19b. MAJOR FINDINGS OF OPERATION Appendicitis with perforation

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1953, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

SIGNATURE: [illegible] Jr (Degree or title) M D ADDRESS: Cumberland Md DATE SIGNED: June 5. 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-7-53 — NAME OF CEMETERY OR CREMATORY: St. Gabriels Cem. — LOCATION (City, town, or county) (State): Barton Md.

DATE REC'D BY LOCAL REGISTRAR: June 7, 1953 — REGISTRAR'S SIGNATURE: Winter R. Davis, M.D.

24. FUNERAL DIRECTOR ADDRESS: Edmonston's Boarding Establishment

RECEIVED
JUN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cumberland
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 382 RFD#1, Corrigansville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Alleg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cumberland
STREET ADDRESS Box 382 (If rural, give location) RFD#1, Corrigansville, Md.

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) Franklin (Last) Petenbrink
4. DATE OF DEATH (Month) June (Day) 18 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan. 1, 1914
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) elec tric truck operator
10b. KIND OF BUSINESS OR INDUSTRY Kelly Springfield Tire Co.
11. BIRTHPLACE (State or foreign country) Hooversville, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Petenbrink
14. MOTHER'S MAIDEN NAME Jennie Swain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) WW#2
16. SOCIAL SECURITY NO. 199-03-4589
17. INFORMANT AND ADDRESS Wife - Elizabeth Petenbrink

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion due to	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary sclerosis	?
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident , suicide , homicide , undetermined

SIGNATURE H. V. Deming, M.D. (Degree or title) H. V. Deming M.D.
ADDRESS Cumberland, Md.
DATE SIGNED June 19, 1953

INFORMATION (Specify) Burial
DATE THEREOF 6/22/53
NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.
LOCATION (City, town, or county) Near Glencoe, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR June 21, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, MD.
24. FUNERAL DIRECTOR H. Wayne George, Cumberland, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct specially important. Physicians: please write the causes of death clearly and legibly.

9/21/53
mnb

See Film G158 - 9/24/53 for original certificate,
which did not bear the physician's signature. mnb

DR. VAN ORMER

05649

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 700 WASHINGTON STREET

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) L. (Last) PIERCE
4. DATE OF DEATH: (Month) JUNE (Day) 25 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: SEPT. 23 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, retired: MANAGER (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY: INSURANCE CO.
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BEN PIERCE
14. MOTHER'S MAIDEN NAME: SALLY HARVEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolus, acute — Interval Between Onset And Death: half hour

DUE TO Recurrent Pulmonary Embolis — 1 month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombophlebitis, left lower ext. — 1 month

DUE TO Hypertension & Coronary Heart disease with congestive failure — 3 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. arteriosclerosis.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1950, to 25 Jun, 1953, that I last saw the deceased alive on 25 Jun, 1953, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE W. A. Van Ormer (Degree or title) ADDRESS Cumberland, Md. DATE SIGNED 25 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF June 28 53
NAME OF CEMETERY OR CREMATORY Rose Hill Cem
LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REGISTRAR June 26, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc
ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—1

RECEIVED
JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; LENGTH OF STAY (In this place) 67 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS State Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural, give location) State Street

3. NAME OF DECEASED (Type or Print): (First) Robert; (Middle) --; (Last) Rankin

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 7 1886

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Rankin

14. MOTHER'S MAIDEN NAME: Annie Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 161-18-9830

17. INFORMANT: Elizabeth Rankin (Sister)

18. MEDICAL CERTIFICATION Lonaconing, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2-3 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to 10 June, 1953, that I last saw the deceased alive on 10 June, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Eichhorn Jr MD ADDRESS Lonaconing Md DATE SIGNED 6/11/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June, 12, 1953

NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery

LOCATION (City, town, or county) (State): Moscow, Md.

DATE REC'D BY LOCAL REG.: 6-12-53

REGISTRAR'S SIGNATURE: Jannette M Beal

24. FUNERAL DIRECTOR ADDRESS: George Eichhorn, Lonaconing, Md.

VS. A15

JUN 18 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05651

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 Park Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 111 Park Avenue

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Virginia (Last) Rawlings

4. DATE OF DEATH: (Month) 6 (Day) 28th (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8-26-1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Rawlings
14. MOTHER'S MAIDEN NAME: Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Eleanor Jackson 111 Park Ave. Frostburg Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Hypertension
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. arteriosclerotic Heart disease
DUE TO

(c)

Interval Between Onset And Death: Several Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1953, to June 28, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 7:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) W. O. McLane MD
ADDRESS Frostburg Md
DATE SIGNED June 29 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-1-53
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) Frostburg, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 7-1-53
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR Jacob Hager, 23 E. Main, Frostburg, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

M

T

Mc Lane

RECEIVED
JUL 3
BUREAU V. S.

DR. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05652

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND.
STREET ADDRESS (If rural give location) 307 FIFTH ST.

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) L. (Last) RIDER

4. DATE OF DEATH: (Month) JUNE (Day) 29 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: JUNE 11, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ~~MORELAND~~ George Moreland
14. MOTHER'S MAIDEN NAME: Turissa Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Haemorrhage — 6/25/53

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1953, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 4:27 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clay G. Durrett M.D. ADDRESS Cumberland DATE SIGNED 7/1/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 2, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) Cumberland, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR July 2, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]53

CERTIFICATE OF DEATH

Reg. Dist. No. 4

DR. FAW

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA — COUNTY MINERAL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIDGELEY, Rural
STREET ADDRESS (If rural give location): ROUTE # 1

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) MARGARET (Last) RILEY

4. DATE OF DEATH: (Month) JUNE (Day) 4 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 14, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HWFE. & REG. NURSE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY W. DURST

14. MOTHER'S MAIDEN NAME: CAROLINA R. DAY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

173X

Immediate cause (a) Sarcoma of uterus with

DUE TO (b) diffuse abdominal metastasis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. Fibromyoma of uterus

DUE TO (c)

Interval Between Onset And Death
(a) 7 yrs. 4 mo.
(b) 7 yrs. 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 29, 1953

19b. MAJOR FINDINGS OF OPERATION: Sarcoma uterus abdominal metastasis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1953, to June 4, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

SIGNATURE: W M Faw Jr. (Degree or title) M D ADDRESS: Cumberland Md DATE SIGNED: June 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 6 1953
NAME OF CEMETERY OR CREMATORY: St. Peter & Paul Cem
LOCATION (City, town or county) (State): Cumberland Md

DATE REC'D BY LOCAL REGISTRAR: June 5, 1953
REGISTRAR'S SIGNATURE: Walter L. Faw, M.D.

24. FUNERAL DIRECTOR: William H. Kight, ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M5 Y

RECEIVED
JUN 10 1953
BUREAU V. S.

Item 18 Film G155 6-24-53 ams

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland ~~513 Fectig Ave~~ COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) ~~513~~ 513 Fectig Ave.

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Lewis (Last) Rinker

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: May 17, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Baby Boy
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland Cumberland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr David L. RINKER, Jr.
14. MOTHER'S MAIDEN NAME: Marion Van Pelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr David L. Rinker, Jr. 513 Fectig Ave., Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis, Generalized partial — Interval Between Onset And Death 20 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) An open foramen ovale without the usual membranous valve was found from autopsy & microscopic sections.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1953, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 10:35 AM, from the causes and on the date stated above.
SIGNATURE R. A. Reiter (Degree or title) M.D. ADDRESS 112 Bedford St. Cumberland Md DATE SIGNED June 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-8-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR June 6, 1953
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George - Cumberland, Md. ADDRESS

2053212405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Reiter

George Funeral Home

RECEIVED
JUN 10 1953
BUREAU V.S.

Item 18 Film G155 7-8-53 ams

0565

Within corporate limit.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Cumberland
LENGTH OF STAY (In this place): 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 123 N. Centre St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) H. (Last) RIPPETOE

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 29 1893

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman.

10b. KIND OF BUSINESS OR INDUSTRY: auto Parts

11. BIRTHPLACE (State or foreign country): Grottoes, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas D. Rippetoe

14. MOTHER'S MAIDEN NAME: Sarah Beahm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-05-5758

17. INFORMANT & ADDRESS: Mrs Myrtle Bruce Rippetoe Cumb'd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

193X

Immediate cause (a) DUE TO: Brain Tumor

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO: ASTROCYTOMA

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

CITY OR TOWN: Cumberland (COUNTY): Alleg. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) M.: —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15/53 to 6/4/53, that I last saw the deceased alive on 6/4/53, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md. DATE SIGNED 6/5/53

23. BURIAL, CREMATION, REMOVAL* (Specify): Burial & Removal

DATE THEREOF: 6/7/53

NAME OF CEMETERY OR CREMATORY: Woodbine Cem.

LOCATION (City, town, or county) (State): Harrisonburg Va.

DATE REC'D BY LOCAL REG.: June 6, 1953

REGISTRAR'S SIGNATURE: Walter K. Wantz, M. D.

24. FUNERAL DIRECTOR ADDRESS: Louis Stein Inc. Cumberland Md.

RECEIVED
JUN 10 1953
BUREAU V. S.

Within corporate limits

L. Bourgo

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural give location) R.D. # 4.

3. NAME OF DECEASED: (Type or Print) (First) Dolores (Middle) Janet (Last) Rose

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-7-1935

9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ellis Rose

14. MOTHER'S MAIDEN NAME: Hilda Grabenstein

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Ellis Rose Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493X

Immediate cause (a) DUE TO emphysema, — Interval Between Onset And Death: 2 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO possible pneumonia — 2 months

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6, 1953, to 6-11, 1953, that I last saw the deceased alive on 6-11, 1953, and that death occurred at 6:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED 6-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-15-1953

NAME OF CEMETERY OR CREMATORY St. Mary's Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR June 14, 1953

REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR Charles L. George Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1 PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gilmore
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED: (Type or Print) (First) ALEXANDER (Middle) (Last) ROWE

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 19 53

5. SEX: male
6 COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 7-9-1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): sweeper
10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Rowe
14. MOTHER'S MAIDEN NAME: Elizabeth Ross

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-10-2653
17. INFORMANT & ADDRESS: Mrs. Rachel McKenzie, Washington, D. C

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Coronary Occlusion — Interval Between Onset And Death: 2-3 hrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Aplastic Anemia — 1-2 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to 6-4, 1953, that I last saw the deceased alive on 6-4, 1953, and that death occurred at 4:00 pm, from the causes and on the date stated above.

SIGNATURE George Richards Jr. (Degree or title) ADDRESS Lonaconing, Md. DATE SIGNED 6-5-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-7-1953
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery, LOCATION (City, town, or county) Lonaconing, (State) Md.
DATE REC'D BY LOCAL REGISTRAR June 6, 1953
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

RECEIVED
JUN 10
BUREAU V.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05659

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 S Lee St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland.
STREET ADDRESS (If rural, give location) 118 S. Lee St.

3. NAME OF DECEASED: (Type or Print) (First) DORIS (Middle) (Last) SAMUELS

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1958

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 4, 1919
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Housewife at Home.
11. BIRTHPLACE (State or foreign country): Raleigh N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lancy Dickens
14. MOTHER'S MAIDEN NAME: Bessie Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 242-01-4513
17. INFORMANT & ADDRESS: Leroy Samuels, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
490X Immediate cause	(a)	Empyema of left pleural space	3 mos
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Lobar pneumonia	3½ mos
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 June, 1953, to 17 June, 1953, that I last saw the deceased alive on 17 June, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE Ralph W. Baccini, M.D. (DEGREE OR TITLE) ADDRESS 62 Greene St. Cumberland Md DATE SIGNED 6-19-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF June 18 53
NAME OF CEMETERY OR CREMATORY Lincoln Memorial
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. June 18, 1953
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland Md

RECEIVED
JUN 1953
BUREAU V. S.

05658

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: Cumberland
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 5yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HANNAH (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) JUNE (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAR. 16, 1860

9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months 3 Days 0 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): LONACONING MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN SMITH

14. MOTHER'S MAIDEN NAME: CATHERINE MEISEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Beatrice Smith (Niece) Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	CHRONIC MYOCARDITIS.	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	GENERAL ARTERIO SCLEROSE - ?	
	DUE TO (c)	SENILITY -	

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 19 53, to June 15, 19 53, that I last saw the deceased alive on June 15, 19 53, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. (DEGREE OR TITLE) ADDRESS 49 Greene St. DATE SIGNED 6-16-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June, 17 1953

NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REG. June 16, 1953

REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS George Eichhorn, Lonaconing, Md.

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BUREAU V

Within corporate limits

DR. W. F. WMS.

05660

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH:
COUNTY ALLEGHANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGHANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 410 PARK ST.

3. NAME OF DECEASED: (Type or Print) (First) LULU (Middle) J. (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year) JUNE 22, 1953 19

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH 1893 OCTOBER 19,

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country) WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BARNETT, GEORGE

14. MOTHER'S MAIDEN NAME: ESHELMAN, CARRIE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X Immediate cause (a) Carcinoma of breast — Interval Between Onset And Death Unknown

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10-1953, to 6-22-1953 that I last saw the deceased alive on 6-21-1953, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. F. Williams Jr. ADDRESS Cumberland DATE SIGNED 6-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 24, 1953 NAME OF CEMETERY OR CREMATORY Everett Cemetery LOCATION (City, town, or county) (State) Everett, Pa.

DATE REC'D BY LOCAL REGISTRAR June 24, 1953 REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05661

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing,
STREET ADDRESS (If rural give location) High Street

3. NAME OF DECEASED: (Type or Print) (First) Boy (Middle) Boy (Last) Steele
4. DATE OF DEATH: (Month) 6 (Day) 19 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	S	6-18-53	yrs.		9		20

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Claude Steele
14. MOTHER'S MAIDEN NAME: Alice Devlin [redacted]

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

762.5
Immediate cause (a) Anoxia — Prematurity
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Prematurity
DUE TO (c)
Interval: 8 hrs. / —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18-, 1953, to 6-19-, 1953, that I last saw the deceased alive on 6-..., 19..., and that death occurred at 8:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George L. Landy, M.D.	Lonaconing, Md.	6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 20 1953	St. Mary's Cem.	Lonaconing, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 20, 1953	Winter R. Lanty, M.D.	Eichorn	Lonaconing, Md.

VS. A

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RECEIVED

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05662

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

—MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 67 Marion Street

3. NAME OF DECEASED: (First) Chester (Middle) Olandert (Last) Stonebraker
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 8, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Rubber Wkr.
10b. KIND OF BUSINESS OR INDUSTRY: K-S Tire Co.
11. BIRTHPLACE (State or foreign country): Lahmansville, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Isaac Stonebraker
14. MOTHER'S MAIDEN NAME: Hattie Runyon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-5535
17. INFORMANT & ADDRESS: Mrs. Viola Stonebraker, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
442.X Immediate cause	(a) Cerebral Hemorrhage	Instantly
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive and Arteriosclerotic Cardio-Renal-Vascular Disease	15 years
	(c) Ulcers of Pretibial area due to (b) above	6 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Hemiplegia due to old Cerebral Hemorrhage — 10 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office Bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1948., to June 22, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Samuel A. Williamson M.D.	Cumberland Md	6/22/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 24 1953	St. Luke's Cemetery	Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 24, 1953	Wintter L. Frantz, M.D.	John J. Hafer, Cumberland, Md.

HAFER

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

05663

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

...AINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 112 Shaw Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 112 Shaw Place

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) V. (Last) Stowell
4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widow	Feb. 14-1876	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own Home	Scotland	U.S.A.

13. FATHER'S NAME: Thomas Wilson
14. MOTHER'S MAIDEN NAME: Alice Conroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	(daughter) Mary Kelso, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure due to — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic myocarditis also had — 2 yrs
(c) Arteriosclerosis with hypertention — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

She had been dead about two days, when found at her home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.		Cumberland, Md.	July 1-1953

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 3, 1953	ST. Patricks Cem.	MT. Savage, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 1, 1953	Walter R. Frantz, M.D.	H. Wayne George	Cumberland, Md.

RECEIVED
JUL
BUREAU V.

Within corporate limits.

05664

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

LENGTH OF STAY (in this place) 10 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

STREET ADDRESS (If rural, give location) 118 Valley Street

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Gertrude (Last) Thomas

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr. 19, 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): McClure, Penn.

12. CITIZEN OF WHAT COUNTRY? U.SA.

13. FATHER'S NAME: Harvey Leonard

14. MOTHER'S MAIDEN NAME: Lydia Ann Shawley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Clarence J. Bone, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Congestive Heart Failure

DUE TO

Antecedent cause(s) (b) Hypertensive Cardiovascular Disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22, 1953, to 6/1, 1953, that I last saw the deceased alive on 6/1, 1953, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE Leo H. Levy Jr. (DEGREE OR TITLE) M.D. ADDRESS 456 N. Centre St. DATE SIGNED 6/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 4, 1953

NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park

LOCATION (City, town, or county) (State) Frostburg, Maryland

DATE REC'D BY LOCAL REG. June 4, 1953

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md. ADDRESS

RECEIVED
JUN 10 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

05365

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Hunterland; MARYLAND; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#2 Martin's Mt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	P.	Turner	June	19	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widower	May 26-1883	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Forester	State of Penna.	Middletown, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Doff Turner	Lottie --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	son) J.W. Turner, R.F.D. #2 Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Acute cardiac failure due to	at once
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic myocarditis	several years.
	(c)		

4-53-2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. WAS MEDICAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.		Cumberland, Md.	June 20-1953

DISPOSITION (Burial, Cremation or Removal)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-23-53	Locust Valley Cem.	Middletown, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 20, 1953	Mrs. Harry Bender mnb	James F. Scarpelli	Cumberland, Md.

MARGIN RESERVED FOR BINDING. USE BLACK INK ONLY. WITH UNFADING INK. Supply every item of information carefully. The spaces are especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 26 19
BUREAU

Within corporate limit.

M

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. To correct [illegible] specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

05966

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Allegany Co. Infirmary
LENGTH OF STAY (In this place) 5 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Co. Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Little Orleans
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) L. (Last) Twigg
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 25-1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY General Hauling
11. BIRTHPLACE (State or foreign country) Pratt, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frances Twigg
14. MOTHER'S MAIDEN NAME Alice Keifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-22-5256
17. INFORMANT AND ADDRESS Allegany Co. Infirmary records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
736.7 Immediate cause	(a) Pulmonary hypostasis due to	about 8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of left femur & lower left arm, also had Chronic myocarditis and	15 days
	(c) Arteriosclerosis.	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ✱

21. EXTERNAL CAUSE WAS PRIMARY ✱ OR CONTRIBUTING ✱ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) yard at Co. Retreat.
(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) May 20/53-3 Pm.
INJURY OCCURRED While at work ☐ Not while at work ✱
HOW DID INJURY OCCUR? Act of hitting another patient, fell to ground & fractured leg and arm.

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident ✱, suicide __, homicide __, undetermined __.*

SIGNATURE H.V. Deming M.D. (Degree or title) H. V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED June-10- 1953

[illegible] CREMATION (Specify) Burial DATE THEREOF June 7, 1953 NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery LOCATION (City, town, or county) Cumberland, Maryland (State)

DATE REC'D BY LOCAL REG. June 7, 1953 REGISTRAR'S SIGNATURE Winter R. Frank, M.D. 24. FUNERAL DIRECTOR John J. Hafer, Cumberland, ADDRESS

Late date signed. Unable to access D. Med. Exam. death certificates.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05667

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS I37 Pennsylvania Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Md.
STREET ADDRESS (If rural give location) I37 Pennsylvania, Ave.

3. NAME OF DECEASED: (Type or Print) (First) Etta (Middle) Estella (Last) Wagner
4. DATE OF DEATH: (Month) June (Day) 4, (Year) 19 53
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 7, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Martz
14. MOTHER'S MAIDEN NAME: Catherine Ennis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Robert L. Wagner I37 Penna. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Uraemia — Interval Between Onset And Death: 3 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinomatosis — 4 mo

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1953, to June 4, 1953, that I last saw the deceased alive on June 1, 1953 and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE Alan G. Burrett (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 6/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-8-53
NAME OF CEMETERY OR CREMATORY St. Peter's & Paul's Cem
LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR June 6, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUN 10 1953
BUREAU V. S.

05668

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1723 Bedford St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 1723 Bedford St.

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Spencer (Last) Wagner

4. DATE OF DEATH (Month) June (Day) 29 (Year) 1953

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Nov. 6-1884

9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane operator

10b. KIND OF BUSINESS OR INDUSTRY B&O.R.Ry.

11. BIRTHPLACE (State or foreign country) Old Town, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Millard F. Wagner

14. MOTHER'S MAIDEN NAME Emanda Barth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-4999

17. INFORMANT AND ADDRESS (Brother) Walter A. Wagner, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion due to	at once
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary sclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ✱

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. June 29-1953

FINAL CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 2, 1953	Hillcrest Burial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 1, 1953	Winter R. Frantz, M.D.	Louis Stein, Inc.	"

MARGIN RESERVED FOR BINDING

WRITE CLEARLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
JUL 6 1953
BUREAU V. S.

DR. ENFIELD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05669

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ECKHART
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLAUDE (Middle) L. (Last) WARD, Sr.

4. DATE OF DEATH: (Month) JUNE (Day) 13 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: JAN. 13, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: -RAILROAD
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES WARD
14. MOTHER'S MAIDEN NAME: MARY WARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 712-14-1593
17. INFORMANT & ADDRESS: MRS. FRANK LEWIS 42 WEST MAIN STREET FROSTBURG, MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Perforated Gastric

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma

DUE TO

(c) Carcinoma of stomach

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION Opening in anterior surface of stomach
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1953, to June 13, 1953, that I last saw the deceased alive on June 13, 1953 and that death occurred at 10:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. G. Enfield ADDRESS Cumberland DATE SIGNED 6/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/16/1953 NAME OF CEMETERY OR CREMATORY FROSTBURG, MEMORIAL LOCATION (City, town, or county) FROSTBURG, MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR June 15, 1953 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Hafer Funeral Home, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1953

05670

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:

COUNTY ALLEGHENY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FROSTBURG, MD.

LENGTH OF STAY (In this place) 8 WKS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Centennial St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY ALLEGHENY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FROSTBURG MD.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) JANE (Last) WARNICK

4. DATE OF DEATH: (Month) JUNE (Day) 19 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 21, 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): GARRETT Co MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BANCORD

14. MOTHER'S MAIDEN NAME: CATHERINE KOONTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: MR. FOREST ROBESON, FROSTBURG, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) arterio sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 MO

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 18, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 3:30 17 m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

WDMC Jane MD Frostburg Md June 19 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF JUNE 21, 1953 NAME OF CEMETERY OR CREMATORY REFORMED LOCATION (City, town, or county) NEW GERMANY, GARRETT Co (State) MD

DATE REC'D BY LOCAL REG. 6-19-53 REGISTRAR'S SIGNATURE Mrs Nancy N. Roe

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS GRANTSVILLE MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1953
JREAU V. S

Item 13: film G155 7-13-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03671

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; LENGTH OF STAY (in this place) 11 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanekamp Street	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural, give location) Hanekamp

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charlotte	Holder	Wiegand		June,	19	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Jan. 5, 1881	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Lonaconing, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert ~~Hanekamp~~ Holder	Ann Bowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	None	Miss Edith Holder (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 min.
4437 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	2-5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1952, to 6/19, 1953, that I last saw the deceased alive on 6/19, 1953, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George Richard D.		Lonaconing	6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 21, 1953	Oak Hill Cemetery	Lonaconing, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-21-53	Jeanette M Boal	George Eichhorn	Lonaconing, Md.

VS. A15

RECEIVED
JUN 29 19
BUREAU V. S.

Within corporate limits

05672

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md — LENGTH OF STAY (in this place) 24yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS I3 Laing Ave.	STREET ADDRESS (If rural, give location) I3 Laing Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Loretta M. Wiles	4. DATE OF DEATH (Month) (Day) (Year) 6-24-53 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Female	White	Widowed	June 2, 1878	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) St. George, W.Va.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Nancy Bohan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Lester O. Wiles I3 Laing Ave.	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a)	General Sepsis due to C	gradual
197.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Sarcoma ~~Carcinoma~~ (Generalized) About	2 yrs.
(c)	Also fractured Rt. Tibia with Abscess	9 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH * About II	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md. while standing	
TIME OF INJURY (Month) (Day) (Year) (Hour) April 7-53 A m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Spontaneous Fracture in kitchen	

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident *, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Demming M.D.	H.V. Deming M.D.	Cumberland, Md.	6-24-53

CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-25-53	Fairview Cem.	Near St. George W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 25, 1953	Winter R. Frantz, M.D.	James F. Scarpelli	Cumberland, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

5573

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Especially important Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
LENGTH OF STAY (in this place) 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 38 Main St.

3. NAME OF DECEASED (Type or Print): (First) Cephas (Middle) Elmer (Last) Wilt
4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / M.
Male	White	Single	11/6/1891	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Maryland	U.S.A.

13. FATHER'S NAME: Cephas Wilt
14. MOTHER'S MAIDEN NAME: Eliza Darr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes W.W.I	0	Perry Wilt-Westernport, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of Liver — Over 6 Mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

10. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY Month (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming, M.D. H.V. Deming M.D.	Cumberland, Md.	6/28/53

DISPOSITION (Burial, Cremation, etc.)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/1/53	Murphy Cem.	Sagamore, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR	ADDRESS
June 30, 1953	Mrs Jean C. Kelly	Ellsworth S Boal	

RECEIVED
JUL 2 19
BUREAU V. S.

05674

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg,
LENGTH OF STAY (in this place) 2 ½ Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eckhart
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Ira (Last) Winebrenner

4. DATE OF DEATH: (Month) 6 - (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 2nd, 1929
9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Assembly Line
10b. KIND OF BUSINESS OR INDUSTRY: Auto Industry
11. BIRTHPLACE (State or foreign country): Eckhart, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Winebrenner
14. MOTHER'S MAIDEN NAME: Agnes Willison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-24-7424
17. INFORMANT & ADDRESS: James H. Winebrenner, Eckhart, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411 X

Immediate cause (a) Rheumatic Heart Disease c̄ Failure — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Heart Disease — 3 yrs

DUE TO

(c) Cirrhosis of Liver

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6/1953, to 6/8, 1953, that I last saw the deceased alive on 6/8/, 1953 and that death occurred at 5:22 AM, from the causes and on the date stated above.

SIGNATURE John B. Davis, M.D. (Degree or title) ADDRESS Frostburg, Md. DATE SIGNED 6/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-10-1953
NAME OF CEMETERY OR CREMATORY Eckhart Cemetery
LOCATION (City, town, or county) Eckhart, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6-10-53
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15
BUREAU V.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05675

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Beall St.	STREET ADDRESS (If rural give location) 306 Beall St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Wolfe

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-11-1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Transfer Business

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George A. Wolfe

14. MOTHER'S MAIDEN NAME: Frances Winfield

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary Wolfe 306 Beall St., Cumb. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 153X (a) Carcinomatosis - Abdominal — Interval Between Onset And Death: 6 mo.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of the Colon — 8 mo.

DUE TO (c) Cirrhosis of the Liver — 3 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Severe Secondary Anemia

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1953, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 10.30 PM, from the causes and on the date stated above.

SIGNATURE James P. Harrison (Degree or title) MD — ADDRESS Loo Decatur St Cumberland, Md — DATE SIGNED July 1-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-2-1953 — NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: July 1, 1953 — REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
JUL 6 1953
BUREAU V. S.

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05676

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,
STREET ADDRESS (If rural give location) 74 Greene St.,

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (Last) YEAGER

4. DATE OF DEATH: (Month) June (Day) 19, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 25, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard
10b. KIND OF BUSINESS OR INDUSTRY: Tire Co. Kelly-Springfield
11. BIRTHPLACE (State or foreign country): Akron, Ohio
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: ~~Unknown~~ Nicholas Yeager
14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Catherine Genthier

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-05-4434
17. INFORMANT & ADDRESS: Bernard G. Yeager 74 Greene St., Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) acute coronary occlusion — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arteriosclerosis — 1 year

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-, 1953, to 6-19-, 1953, that I last saw the deceased alive on 6-19-, 1953, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 57 Greene St. DATE SIGNED 6-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/23/53
NAME OF CEMETERY OR CREMATORY St. Bernards Cem.
LOCATION (City, town, or county) (State) Akron, Ohio

DATE REC'D BY LOCAL REGISTRAR June 21, 1953
REGISTRAR'S SIGNATURE Winter R. Trantz, M.D.
24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1953
BUREAU V. S.